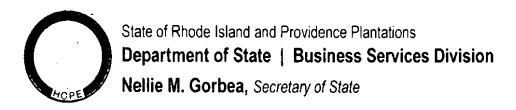
## STATE OF RHODE ISLAND

## STATEMENT OF RESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 7-16-11 of the Rhode Island Limited Liability Company Act, the undersigned resident agent, in order to resign as resident agent, hereby certifies:

|                                               |                                                                        |                    | 1685       | 750                 |
|-----------------------------------------------|------------------------------------------------------------------------|--------------------|------------|---------------------|
| 1. The name of the limited liability company: |                                                                        |                    | Charter f  | Number              |
|                                               | LECL                                                                   | AIRRYAN, PLLC      |            |                     |
|                                               |                                                                        |                    |            |                     |
| 2. The name of the                            | resigning agent: Capi                                                  | tol Corporate Serv | ices, Inc. |                     |
| 3. The address of the                         | he resigning registered                                                | office:            |            |                     |
| 222 Jefferson                                 | Blvd Ste 200                                                           | <u>.</u>           | _          |                     |
| Address                                       |                                                                        |                    |            |                     |
| Warwick                                       | <u>RI</u> .                                                            | <u>02888</u>       |            |                     |
| City                                          | State                                                                  | Zip code           |            |                     |
| days after the da                             | of registered agent and<br>te on which this Staten<br>cretary of State |                    |            |                     |
| Resignation to b                              | EREOF, the undersigned on its b                                        | = =                | • •        | Statement of day of |
| Capitol Corporate Registered Agent            | Services, Inc.                                                         | Signature          | 72         | .•                  |
| Jason Fischer                                 |                                                                        | <u>Assistant</u>   | Secretary  | <u>_</u> _          |
| Name                                          |                                                                        | Title              |            | _                   |



October 22, 2019

LeClairRyan PLLC 919 EAST MAIN STREET, 24TH FLOOR RICHMOND, VA 23219

RE: Entity ID# 1685750 LeClairRyan PLLC

Dear Sir or Madam:

This is to notify you that this office received on October 21. 2019 the resignation of Capitol Corporate Services, Inc. as Resident Agent of the above-named limited liability company, a copy of which is enclosed. Section 7-16-11 of the General Laws of the State of Rhode Island states that "unless, a later time is specified in the resignation, it is effective thirty (30) days after it is filed."

Pursuant to the provisions set forth in Section 7-16-11 of the General Laws of the State of Rhode Island, "each domestic or foreign registered limited liability company shall have a resident agent for service of process on the limited liability company". To ensure that your authority to conduct business will remain intact, please file a Change of Resident Agent form with this office.

To file a Change of Resident Agent form online visit <a href="www.sos.ri.gov/business">www.sos.ri.gov/business</a>. Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp. pin@sos.ri.gov

If you prefer to use cash or check, visit <a href="www.sos.ri.gov/business">www.sos.ri.gov/business</a> to download a form. You can mail the form to us with your payment or visit our office to file in person. We will provide a hardcopy of the Change of Agent form upon request.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese

Deputy Director of Business Services